

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			21 7/17/01
<b>FORMALITY REVIEW</b>	BZ	897	08-27-01
<b>RESPONSE FORMALITY REVIEW</b>	BZ	897	04-21-02

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	
51	5/24/02
52	7/17/02
53	11/3/02
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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